

**Department of Disabilities, Aging and Independent
Living (DAIL)
Division of Disability and Aging Services (DDAS)**

Developmental Services (DS)

**DEVELOPMENTAL SERVICES
MISSION STATEMENT**

The mission of Vermont's developmental services system is to work with citizens to develop and maintain quality services reflecting the needs and wishes of people labeled with a developmental disability and their families.

Services shall offer the supports necessary to ensure for each Vermonter with a label of developmental disability:

- ❖ The opportunity to live in a safe environment with respect and dignity.
- ❖ The opportunity to live with her/his family or in her/his own home within the community.
- ❖ The opportunity to make choices, present and future, which affect her/his life, including choices regarding the design and implementation of services provided.
- ❖ The opportunity to have meaningful relationships with family members, friends and other community members.
- ❖ The opportunity to attend neighborhood schools, have her/his own job, and participate in activities based on individual talents, interests and choices.
- ❖ The opportunity to participate and become involved in any community activity of her/his choosing; such as churches, clubs, organizations, voluntary associations, and work groups.
- ❖ The opportunity to access the same services available to all citizens to meet everyday needs.

VERMONT DEVELOPMENTAL SERVICES

The Structure of the Service System

Designated Agencies

Vermont's Department of Disabilities, Aging and Independent Living, Division of Disability and Aging Services (DDAS) designates one Designated Agency (DA) in each geographic region of the state as responsible for ensuring needed services are available to individuals with developmental disabilities. There are currently ten DA's in Vermont. DA's must provide directly or contract with other providers or individuals to deliver supports and services. Some of the key responsibilities of a DA are as follows:

- Receive and act upon referrals and applications for services and supports;
- Inform applicants and consumers of their rights;
- Assure that each consumer has a plan for service developed;
- Provide crisis response services for any eligible person in their geographic region; and
- Develop a comprehensive service network and assure the capacity to meet the service needs of eligible people in the region.

Specialized Service Agencies

In addition to the ten DA's, there are currently five Specialized Service Agencies (SSA). An SSA is an organization that is designed to meet a specific need or has a special approach to service delivery. While they provide similar services to those provided by DA's, they do not have the responsibility for intake and assuring region-wide service capacity. These agencies have contracts directly with DDAS.

HOW TO APPLY FOR DEVELOPMENTAL SERVICES

Any person who believes he or she has a developmental disability or is the family member or guardian of such a person may apply for developmental services. The person/family member applies at the designated agency (DA) for the geographic region where the person with the developmental disability lives. See the attached list of designated agencies on page 9.

Once an application is made, the DA determines whether the person is eligible for developmental services. See the attached page entitled "Eligibility for Supports" which describes who is eligible for supports (see pages 4-6). Once the person has been determined to be eligible, the DA conducts a Needs Assessment to determine the levels of and areas of need for the person. The types of services available for children are attached. The DA will then determine if these identified needs meet the established priorities for funding. Priorities for funding are outlined in the System of Care Plan. A summary of the current funding priorities is listed on page 11. If a person's needs meet an established funding priority, the person/family will be notified about the funding or services that are authorized. Once a person has been authorized for funding, the family may then choose an agency that will provide these services. The family may choose to receive services from any DA or SSA in Vermont. The family may also choose to self-manage or self-direct all or some of their services. The DA will provide information regarding providers in their region and information about self-directed services when the child is first awarded funding. If it is determined that the person is not eligible or does not meet the established funding priorities, the DA will attempt to help the child/family find other community resources that may meet the child's needs.

Eligibility for Vermont Developmental Services

For the purposes of eligibility for support through the Developmental Services system, a person must have a developmental disability according to the following definition:

For school age children and adults

A school aged child who is old enough to enter first grade or an adult over age 18 is considered to have a developmental disability if they have:

- 1) Mental retardation, which is an IQ of 70 or less as measured by a standardized IQ test, along with substantial deficits in adaptive functioning, which means how a person functions on a day to day basis compared to others of a similar age. The onset of these problems must have occurred prior to age 18; or
- 2) A pervasive developmental disorder, which is one of the following diagnoses: autistic disorder, Rett's disorder, childhood disintegrative disorder, Asperger disorder or pervasive developmental disorder not otherwise specified, along with deficits in adaptive behavior which occurred prior to age 18.

For young children not old enough to enter first grade

A young child is considered to have a developmental disability if he or she has one of the three conditions listed below:

- 1) A condition which has a high probability of resulting in mental retardation as defined below:

This means a diagnosed physical or mental condition, and includes but is not limited to the following:

Anoxia

Degenerative central nervous system disease (such as Tay Sachs syndrome)

Encephalitis

Fetal alcohol syndrome

Fragile X syndrome

Inborn errors of metabolism (such as untreated PKU)

Traumatic brain injury

Multisystem developmental disorder

Shaken baby syndrome

Trisomy 21, 18, and 13

Tuberous sclerosis

There must be a determination that, for the young child, the condition is so severe that there is a high probability that it will result in mental retardation.

- 2) Significant delays in cognitive development and adaptive behavior as defined below:

(a) For young children, "significant delays in cognitive development and adaptive behavior" means clearly observable and measurable delays in cognitive development; and substantial observable and measurable delays in at least two of the following areas:

communication
social/emotional development
motor development
daily living skills

(b) For young children with a pervasive developmental disorder, "significant delays in adaptive behavior" means observable and measurable delays in at least two of the following areas:

communication
social/emotional development
motor development
daily living skills

KEY POINTS:

-“significant delay” is not defined quantitatively. However, for very young children (0-3), a delay of 6-12 months may be considered significant, while for older children (4-6), a delay greater than 18 months may be considered significant.

- 3) One of the pervasive developmental disorders (see above) resulting in significant delays in adaptive behavior.

Criteria for assessing developmental disability (young children)

(1) The diagnosis of “a condition which has a high probability of resulting in mental retardation” must be made by a physician or licensed psychologist.

(2) The documentation of “significant delays in cognitive and adaptive behavior” shall be made through a family-centered evaluation process which uses

(a) observations and reports by the family and other members of the assessment team. The assessment team shall include the family and a representative from a

developmental services agency and one or more of the following, with parental consent: physician, behavior consultant, psychologist, speech therapist, physical therapist, occupational therapist, advocate, representative from the Family, Infant and Toddler Program, representative from Early Essential Education (EEE), representative from Children with Special Health Needs;

(b) a review of pertinent medical/educational records, as needed; and

(c) appropriate screening and assessment instruments.

KEY POINTS:

-If a child has significant delays, other organizations should be involved and the assessment tools they use can be used for documentation of significant delays.

(3) The diagnosis of a pervasive developmental disorder (Autistic disorder, Rett's Disorder, Childhood Disintegrative Disorder and PDD.NOS) must be based upon the criteria in the current version of the Diagnostic and Statistical Manual and made by a child and adolescent psychiatrist, licensed psychologist, pediatric neurologist or developmental pediatrician.

DEVELOPMENTAL SERVICES FOR CHILDREN (under 18)

Current Status for newly applying children (as of 10/09)

Families with children with developmental disabilities living with them at home may be eligible for **flexible family funding**. This is money that can be used at the family's discretion towards services and supports that are in the child's or the family's best interest. The amount is based upon a sliding scale, which takes into consideration family size and income. The maximum amount available per year is \$1,000.

Families can apply for the **Bridge Program** which provides support to families in need of care coordination (case management) to help them access and/or coordinate medical, educational, social or other services for their children. The child must not already have a case manager for other Agency of Human Services funded programs. This service is available on a first come, first served basis.

Families can also access a state-funded respite homes. This home is designed to give families a temporary break from their caregiving responsibilities. A person can stay at a state respite home for up to 14 days per year.

Crisis services are available through the designated agencies for any eligible child experiencing a crisis.

More extensive services, funded through the **Medicaid Home and Community-based Services**, are available to those children who meet a current System of Care funding priority. Currently this includes children who are at imminent risk of admission to a nursing home or a psychiatric hospitalization or who are residing in an Intermediate Care Facility for persons with developmental disabilities.

All the above services are accessed by applying at the Designated Agency for the area in which the person lives.

Collaboration with others

Developmental services are often provided in collaboration with other agencies and schools. The level of collaboration varies considerably depending on the needs of the individual and the organizations involved.

Department for Children and Families (DCF) Collaboration

The Division of Disability and Aging Services (DDAS) and DCF have an agreement which allows children with developmental disabilities in DCF custody to live in foster homes that are developed and supported by developmental service agencies. This allows for these children to receive support from an agency with the additional expertise in developmental disabilities when this is needed. The services for these children are funded through the Home and Community-based Services with DCF paying the state match portion of the funding. This is arranged by the local DCF district office requesting services from the local developmental service agency. The financial arrangements are then worked out at the state level between DDAS and DCF.

Developmental service agencies are currently supporting 50 children with developmental disabilities in DCF custody through waiver funding.

Collaboration with schools

All the children who receive developmental services are also eligible for special education through their local school district. The most common collaboration between schools and developmental service agencies is participation in each other's IE team meetings. Collaboration at this level might consist of information sharing, agreeing to work on similar goals, and/or cross-hiring or cross-training staff to increase consistency of approaches across settings.

Personal Care Services Funded through Medicaid

Personal Care Services (PCS) are available to Medicaid eligible children who need assistance with eating, bathing, dressing, personal hygiene and other basic activities of daily living. The need for these services is not based upon any specific diagnosis, but they must be determined to be necessary as a result of the child's medical condition, disability or mental health condition. Once a child is determined eligible for these services, they may be provided by a home health agency, nursing agency or developmental services agency. Personal care services can also be managed directly by the family. Many children with developmental disabilities qualify for PCS. Some developmental service agencies are PCS providers, but most are not. Those DS agencies that are PCS providers can, in some circumstances, create a package of supports for a child and family by combining funding from PCS and other developmental services funding streams. Most DS agencies will conduct the PCS assessments.

Vermont Developmental Designated Agencies

(CAP) COMMUNITY ACCESS PROGRAM OF RUTLAND COUNTY

PO Box 222, 1 Scale Avenue
Rutland, VT 05701
Phone: 775-0828 FAX: 747-7692

Acting Director: Barbara Weintraub
County: Rutland
Intake Coordinator: Marc Carpenter

(CA) COMMUNITY ASSOCIATES

109 Catamount Park
Middlebury, VT 05753
Phone: 388-4021 FAX: 388-1868

Director: Greg Mairs
County: Addison
Intake Coordinator: Paula Dougherty

(CDS) COMMUNITY DEVELOPMENTAL SERVICES

50 Granview Drive
Barre, VT 05641
Phone: 479-2502 FAX: 479-4056

Director: Juliet Martin
County: Washington
Intake Coordinator: Ann Hill

(HCRS) HEALTH CARE AND REHABILITATION SERVICES OF SOUTHEASTERN VT

49 School Street, Hartford, VT 05047
Phone: 295-3031 FAX: 295-0820

Director: Josh Compton
Counties: Windsor and Windham
Intake Coordinators:
Bill Metcalfe - 254-7500 Ext. 1244

Regional Offices:

51 Fairview Street, Brattleboro, VT 05301
Phone: 257-5537 FAX: 257-5769

390 River Street, Springfield, VT 05156
Phone: 886-4565 FAX: 886-4580

One Hospital Court, Suite 410,
Bellows Falls, VT 05101
Phone: 463-3947 FAX: 463-3961

14 River Street, Windsor, VT 05089
Phone: 674-2539 FAX: 674-5419

(HC) HOWARDCENTER, INC.

102 South Winooski Ave.
Burlington, VT 05401-3832
Phone: 488-6500 FAX: 860-2360

Director: Marie Zura
County: Chittenden
Intake Coordinator: Alysia Rishforth

(LCMH) LAMOILLE COMMUNITY CONNECTIONS

72 Harrel Street
Morrisville, VT 05661
Phone: 888-5026 FAX: 888-6393

Director: Jackie Rogers
County: Lamoille
Intake Coordinator: Jennifer Stratton

(NCSS) NORTHWESTERN COUNSELING AND SUPPORT SERVICES, INC.

107 Fisher Pond Road
St. Albans, VT 05478
Phone 524-6561 FAX: 527-8161

Director: Jean Danis
Counties: Franklin and Grand Isle
Intake Coordinators:
Leslie Bland – 393-6641
Emily Christie – 393-6640

(NKHS) NORTHEAST KINGDOM HUMAN SERVICES, INC.

PO Box 724, 154 Duchess Street
Newport, VT 05855

Phone: 334-7310 FAX: 334-7455

Regional Office:

PO Box 368, 2225 Portland Street
St. Johnsbury, VT 05819
Phone: 748-3181 FAX: 748-0704

Director: Dixie McFarland
Counties: Caledonia, Orleans and
Essex
Intake Coordinators:
Christine Engler 334-7310
Janine Hawkins -748-3181

(UCS) UNITED COUNSELING SERVICES, INC.

PO Box 588, 100 Ledge Hill Drive
Bennington, VT 05201
Phone: 442-5491 FAX: 442-1707

Director: Kathy Hamilton
County: Bennington
Intake Coordinator: Paula Colbert

(UVS) UPPER VALLEY SERVICES, INC.

267 Waits River Road
Bradford, VT 05033
Phone: 222-9235 FAX: 222-5864

Executive Director: William Ashe
Counties: Orange and Washington
Intake Coordinators:
Lorraine Gaboriault – 222-9235
Joan Carmen – 728-4476

Regional Offices:

12 Prince Street, Randolph, VT 05060
Phone: 728-4476 FAX: 728-6741

PO Box 719, Moretown, VT 05660
Phone: 496-7830 FAX: 496-7833

Developmental Services System of Care Priorities for Children FY10

- A) Support needed by families to assist them with personal care tasks as defined in the Children's Personal Care Program.
- B) Support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other services for their children, as defined in the Bridge Program.
- C) Support for respite and items through Flexible Family Funding that will help the biological or adopted family or legal guardian support the person at home (up to \$1,000 a year).
- D) Support needed to end or prevent imminent institutionalization in inpatient public or private psychiatric hospitals or nursing facilities or end institutionalization in Intermediate Care Facilities for People with Developmental Disabilities.

Information contained in this handout is updated frequently. For the most up to date information, go to <http://www.ddas.vermont.gov/ddas-programs/programs-dds/programs-dds-default-page> .